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**** CONTINUING DATA **** *No ym*

**** FOREIGN APPLICATIONS **** *Yes ym*
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
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Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 8	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>ye</i> <i>ym</i> Examiner's Signature Initials				

ADDRESS
25259

TITLE
Information collection system and method

FILING FEE RECEIVED 1206	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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